



## COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

October 12, 2005

### ADDENDUM No. 1 TO VENDORS:

Reference Request for Proposal: RFP 2006-02  
Dated: September 26, 2005  
Due: November 7, 2005

RFP 2006-02 for a Prior Authorization Services Administrator is amended to reflect the attached changes.

Note: A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

*Christopher M. Banaszak*

Christopher M. Banaszak  
Contract Officer

Name of Firm: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Reference	Description	Change/Correction
Section 3 Page 18	Scope of Work The Department shall retain prior authorization of the following services that are currently received and processed by the Medical Support Unit: <ul style="list-style-type: none"> <li>Out of State Services</li> </ul>	Add language to read: The Contractor shall be responsible for the provision of out of state services. DMAS shall be responsible for the end decision should the Contractor require a higher level review for any out of state services or costs negotiations.
Section 4.2.5 Page 24	Outpatient Services Home Health Paragraph 2 – strike and replace language	Service criteria are described in detail in the Home Health Manual, and the State Plan for Medical Assistance Services at 12VAC30-50-160 and 12VAC30-60-70, however, the Department is proposing the modification of the regulations related to the service limits for home health services, such that the limit for visits before a PA is required is being reduced from five to one evaluation visit. The Department shall allow the evaluation visit (1 <sup>st</sup> visit) without requiring PA. Each provider shall be allowed an evaluation visit for each recipient per fiscal year, regardless of whether the recipient has received services from another provider that year.  Add language to read: For home health services, Medicaid will pay for five visits per person per fiscal year before a prior authorization is required.
Section 4.2.6 Page 24	Outpatient Rehabilitation Services Paragraph 2 – strike and replace language	Service criteria are described in detail in the Rehabilitation Manual, and the State Plan for Medical Assistance Services at 12VAC30-50-200 and 12VAC30-60-150, however, the Department is proposing the modification of the regulations related to the service limits for outpatient rehabilitation services, such that the limit for visits before a PA is required is being reduced from five to one evaluation visit. The Department shall allow the evaluation visit (1 <sup>st</sup> visit) without requiring PA. Each provider shall be allowed an evaluation visit for each recipient per fiscal year, regardless of whether the recipient has received services from another provider that year.  Add language to read: For outpatient rehabilitation services, Medicaid will pay for five visits per person per fiscal year before a prior authorization is required.
Section 4.2.8 Page 24	Non-Emergency, Outpatient MRI/CAT/PET Scans Service criteria are not described in any of these manuals at this time. The only documentation available is in the State Plan as designated, and in several Medicaid Memos.	Medicaid memos dated June and July 2003 may be found on the DMAS web site at <a href="http://www.dmas.virginia.gov/pr-medicaid_memos_providers.htm">http://www.dmas.virginia.gov/pr-medicaid_memos_providers.htm</a>  Memos are dated June 1, 2003 and July 1, 2003.
Section 4.3.1. Page 26	Residential Psychiatric Treatment Services (RTS)	Delete 12VAC-30-60-61

Reference	Description	Change/Correction
Section 4.3.2. Page 26	Treatment Foster Care Case Management Services (TFC-CM)	Add 12VAC30-130-900-950 since these relate to policy and procedure in the Psychiatric Manual.
Section 4.3.3 Page 26	Intensive In-Home Services Paragraph 2 – strike and replace language	<p>Service criteria are described in detail in the Community Mental Health Rehabilitative Services Manual, and the State Plan for Medical Assistance Services at 12VAC30-50-130 and 12VAC30-60-61. <del>however, the Department is proposing the modification of the regulations related to the prior authorization for intensive in home services. The Department shall allow the evaluation visit without requiring PA. Each provider shall be allowed an evaluation visit for each recipient per fiscal year, regardless of whether the recipient has received services from another provider that year.</del></p> <p>Add language under this service to read: The Contractor shall manage and provide for concurrent review, desk review and on site reviews as appropriate.</p>
Section 4.3.4 Page 27	Home and Community Based Care Waivers (HCBW)	<p>Second column of services list should read:</p> <ul style="list-style-type: none"> <li>• Enteral Nutrition – strike Nutritional Supplements</li> <li>• Respite Care - Agency (PC)</li> <li>• Respite Care - Consumer Directed</li> </ul>
Section 4.3.4.a Section 4.3.4.b Page 27	Elderly or Disabled with Consumer Direction Waiver (EDCD) HIV/AIDS Waiver (AW)	Add language under both waivers to read: The Contractor shall perform the initial enrollment (or re-enrollment as appropriate) of individuals to this waiver and the Contractor shall provide prior authorization for services once the individual is successfully enrolled into the Waiver.
Section 4.3.4.b Page 27	HIV/AIDS Waiver Paragraph 1 - strike and replace language	<p>Provides care in the community rather than in a hospital or nursing facility for individuals who are experiencing medical and functional symptoms associated with HIV/AIDS. <del>The individual must have a diagnosis of AIDS or AIDS Related Condition (ARC) and documentation that the individual is experiencing medical and functional symptoms associated with AIDS or ARC which would require nursing facility or hospital care.</del></p> <p>Add language under this service to read: The individual has a diagnosis of AIDS or is HIV symptomatic" and documentation that the individual is "experiencing medical and functional symptoms associated with AIDS which would require nursing facility or hospital care.</p>

<b>Reference</b>	<b>Description</b>	<b>Change/Correction</b>
Section 4.3.4.h Page 30	Contractor Responsibilities	Bullet 3 - Add language to read: Have the system's capability to accept via a web-based system, fax or other methods the Uniform Assessment Instrument (UAI), the DMAS 96, the DMAS 97A/B, and the DMAS 99 sent in by the providers and other required forms as specified in the manuals.
Section 4.4.7 Page 33	Second Table Strike and replace language	<del># of Recipients Visited</del>  Add language to read: # of Recipients Reviewed
Section 4.5 Page 36	Estimated Volume of PA Requests	The number of Inpatient Hospital Medical/surgical Services PA requests does not include the figure for maternity cases. Contractors should add in the maternity volume as indicated in Section 4.2.1. Inpatient Hospital Medical/Surgical Services
Section 4.21 Page 58	Implementation	The Department is requiring that the implementation be done in two stages. The Medical Services will be implemented either in April or May of 2006, and the Waiver and the Medicaid Specific Services Waiver, CSA's, Residential Treatment come up on July 2006.  This will require the Contractor to submit two cost proposals for provision of services and two implementation timelines.